2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008
Secretary of State

DOCUMENT# 742011

Entity Name: COLLIER COUNTY EDUCATION ASSOCIATION, INC.

Current Principal Place of Business:

6710 LONE OAK BLVD.
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

6710 LONE OAK BLVD.
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-2109507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUTTLE, JONATHAN
6710 LONE OAK BLVD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

PROSSER, LESLIE
6710 LONE OAK BLVD
NAPLES, FL 34109 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LESLIE PROSSER 01/24/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	JEFFERS, VON	
Address:	6710 LONE OAKBLVD	
City-St-Zip:	NAPLES, FL 34109	
Title:	S	( ) Delete
Name:	CANADY, KATRINA	
Address:	6710 LONE OAK BLVD.	
City-St-Zip:	NAPLES, FL 34109	
Title:	D	( ) Delete
Name:	TUTTLE, JONATHAN	
Address:	6710 LONE OAK BLVD.	
City-St-Zip:	NAPLES, FL 34109	
Title:	VD	( ) Delete
Name:	WILLBUR-WILLIAMS, TESS	
Address:	6710 LONE OAK BLVD.	
City-St-Zip:	NAPLES, FL 34109	
Title:	SD	( ) Delete
Name:	FARMAR, LYLE	
Address:	6710 LONE OAK BOULEVARD	
City-St-Zip:	NAPLES, FL 34109	
Title:	VP	( ) Delete
Name:	LARSEN, EMILY	
Address:	6710 LONE OAK BLVD	
City-St-Zip:	NAPLES, FL 34109	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	MYERS, NANCY	
Address:	6710 LONE OAK BLVD.	
City-St-Zip:	NAPLES, FL 34109	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	MARZANO, LAURA	
Address:	6710 LONE OAK BLVD.	
City-St-Zip:	NAPLES, FL 34109	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE PROSSER MRS 01/24/2008
Electronic Signature of Signing Officer or Director Date